



DEVELOPMENTAL DISABILITIES ADMINISTRATION
Olympia, Washington

TITLE: ALTERNATIVE LIVING SERVICES POLICY 4.09

Authority: [Chapter 71A RCW](#) *Developmental Disabilities*
[Chapter 388-825 WAC](#) *DDD Services Rules*
[Chapter 388-828 WAC](#) *DDD Assessment*
[Chapter 388-829A WAC](#) *Alternative Living*

PURPOSE

This policy describes the expectations and requirements for Alternative Living (AL) services.

SCOPE

This policy applies to all Field Services offices of the Developmental Disabilities Administration (DDA) and DDA contracted Alternative Living (AL) service providers.

DEFINITIONS

Goals mean what the person has identified, with the assistance of their support team, that they want to accomplish with the supports provided by the agency.

Habilitation means those services delivered by residential services providers intended to assist persons with developmental disabilities to acquire, retain and improve upon the self-help, socialization and adaptive skills necessary to reside successfully in home and community-based settings.

ISP means the person-centered services plan (Individual Support Plan) developed by the DDA Case Manager, the client, their legal representative and all service providers.

Instruction means an active process of teaching a particular skill or subject in an attempt to move towards greater independence and /or maintain current skills and abilities.

Support means the implementation of services provided to meet assessed needs.

POLICY

- A. AL services are to be provided in an integrated setting and facilitate the client's full access to the greater community, including opportunities to seek employment and work in competitive, integrated settings, engage in community life, control personal resources and receive services in the community in the same manner as individuals without disabilities.
1. Clients' essential personal rights of privacy, dignity and respect and freedom from coercion and restraint are protected.
 2. Clients' initiative, autonomy and independence in making life choices, including but not limited to, daily activities, physical environment and with whom to interact are optimized and not regimented.
 3. Clients have the choice whether to provide their AL provider with a key to their home.
 4. Clients have freedom and support to control their own schedules and invite visitors into their home.
- B. AL services are provided by independent contractors that focus on community based, individualized habilitative training to enable the client to live as independently as possible with minimal residential services. AL is a service option available to clients on the CORE Waiver based on client need. Clients who were receiving AL services prior to December 1, 2009, and who are not on the CORE waiver may continue to receive this service without requiring an exception unless AL services have been terminated and reinstatement requested.
1. The AL service provider works with the client on skills acquisition to increase the participants ability to live independently while promoting health and safety; power and choice; positive recognition by self and others; physical and social integration within the community; positive relationships and competence.
 2. The AL service provider's primary function is to teach new skills that result in greater individual client independence. In the process of teaching and training new skills, the AL provider may assist the client in conjunction with completing the tasks being taught. AL services are not intended to provide ongoing protective supervision or activities of daily living support.
- C. The AL provider must offer habilitative services in areas identified in the client's Individual Support Plan (ISP) and [DSHS 10-269](#), *Alternative Living Services Plan and Provider Report (ISP Addendum)*. The provider must deliver one-to-one training and support in a typical community setting in a manner appropriate to the client's age and culture.

- D. The areas of training appropriate for each client will be identified in the client's ISP and [DSHS 10-269](#), *Alternative Living Services Plan and Provider Report (ISP Addendum)*. The client may receive training and minimal assistance in relation to the training task in the following areas:
1. **Establishing a Residence** (how to locate a residence, complete a change of address form, secure and/or close utility accounts, enter into typical residential requirements such as deposits, landlord/tenant agreements, acquire basic furnishings, food supplies, and insurance).
 2. **Home Living**, including:
 - a. **Personal hygiene** (how to maintain personal cleanliness and appearance, choose clothing appropriate for weather and/or activity);
 - b. **Food and nutrition** (how to plan a meal, prepare and store food, and incorporate basic nutrition and diet information); and
 - c. **Home management** (how to perform housekeeping activities, launder and store clothing, maintain yard, use household appliances, and apply home safety practices).
 3. **Community Living**, including:
 - a. **Public and private community services** (how to access the Social Security Administration (SSA), Supplemental Security Income (SSI), Public Utility District (PUD) assistance, low income housing, food stamps, phone discounts, utility discounts, food and/or clothing banks, homeless shelters, etc.);
 - b. **Essential shopping** (how to shop for food, clothing, household items, etc., make lists, locate sales, comparison shop, use coupons, discounts, and debit/credit cards);
 - c. **Transportation** (how to use public transportation or taxi; access specialized transportation; study the driver's manual and for licensing; maintain a car or bicycle; and practice traffic/pedestrian safety; and
 - d. **Planning leisure time activities** (how to identify interests, locate recreation facilities and activities; and plan vacations).

4. **Health and Safety**, including:

- a. **Understanding personal safety and emergency procedures** (how to call for and ask for help, create and post emergency numbers, attend a first aid class, and protect oneself and their personal possessions, decrease vulnerability, increase assertiveness, and have situational awareness;
- b. **Physical, mental and dental health** (how to follow prescribed diet, exercise, practice healthy sexuality, follow prescribed medication routine, manage illness or injury, and access medical, therapies, dental, mental health care, schedule appointments); and
- c. **Developing and practicing an emergency response plan to address natural and other disasters** (how to locate emergency shelters, build and maintain an emergency kit and supplies, evacuate in an emergency, follow emergency directions).

5. **Social Activities**, including:

- a. **Social skills** (how to interpret social cues and non-verbal communication; use active listening skills, negotiate with others, work with others to solve problems and make decisions and advocate for oneself);
- b. **Community integration** (how to explore cultural, recreational/leisure, or spiritual activities in the community; volunteer; develop relationships with and participate in community clubs, organizations, and other public groups); and
- c. **Positive relationships** (how to build and maintain relationships with family, friends, and other community members).

6. **Protection and Advocacy**, including:

- a. **Money management and budgeting** (how to pay bills and maintain financial records; establish and follow a monthly budget; count money and make change; reconcile bank statements; file tax returns; report wage earnings to SSI; and access consumer credit counseling);
- b. **Protecting self from exploitation** (how to recognize and manage relationships which may pose a danger or risk);
- c. **Making choices and decisions** (how to make an informed choices and weigh consequences; take responsibility for personal decisions); and

- d. **Asserting rights and finding advocacy** (how to seek help and guidance when needed).
7. **Other training and support to assist a client to live independently** (for example assisting the client to manage significant life events).

E. **Eligibility Criteria for AL Services**

1. AL is a service option available to clients on the CORE Waiver. Case Resource Managers (CRM) may provide clients/families with the entire menu of services available through the waiver. The CRMs will suggest particular service options based upon their knowledge of the client's skills, abilities, and interests.

Note: AL authorization requires prior approval from the Resource Management Administrator (RMA) (see Procedures section). CRMs should consult with their supervisor when AL services are contemplated for a particular client.

2. Clients must be at least eighteen (18) years old and authorized by DDA to receive AL services.
3. AL services are offered by providers to clients who live in or are establishing their own home. The home must be owned, rented, or leased by the client or his/her legal representative.
4. AL services may not be offered in the provider's home ([Chapter 388-829A-070 WAC](#)).
5. Clients must live outside of their parent's home or be actively planning to move out of their parent's home within the next six (6) months as identified in the client's ISP.
6. Clients who receive AL services are responsible for paying for their daily living expenses (such as rent, utilities, and food) using their personal financial resources.

F. **Residential Allowance Requests**

1. AL clients may be able to access Residential Allowance requests if available and approved. Please see [DDA Policy 6.11](#), *Residential Allowances Requests*, for direction.

PROCEDURES**A. Referral**

1. The CRM will identify the current needs of the client through the DDA Client Assessment process, and submit a Core Waiver request if one is needed.
2. For clients on the Core Waiver and requesting AL, the authorization requires prior approval from the Resource Management Administrator (RMA). CRMs should consult with their supervisor when AL services are contemplated for a particular client.
3. DDA will consider the following factors when reviewing client requests for AL services and identifying potential providers and distributing referrals
 - a. Personal preference of the individual being referred
 - b. Parent/legal representative requests
4. Prior to referring a client to AL providers, the CRM must obtain a signed [DSHS 14-012, Consent](#), from the client and/or the client's legal representative.
5. CRM will compile a Referral packet to include:
 - a. The client's current DDA Assessment and Individual Support Plan (ISP);
 - b. Legal representative information and documentation;
 - c. Dates, sources, and copies of the most recent psychological and/or mental health evaluations, including any behavioral and psychiatric information and treatment plans;
 - d. Functional Assessment, Positive Behavior Support Plan and/or Cross System Crisis Plan, if developed;
 - e. A summary of incidents that warranted an Incident Report (IR) within the past 12 months, including behavioral incidents and medical issues;
 - f. Criminal history, if applicable; and
 - g. Educational and vocational records, including Individual Education Plan (IEP) information if available.

B. Authorization

1. Prior approval from the RMA or designee is required for initial authorization only.
2. Once approved for the service, AL can be authorized for up to one year. It must be reviewed at least annually at the time of the DDA Assessment to determine if AL continues to be the appropriate service option.

C. Assessment

1. The CRM will meet with the client (preferably in the client's home) at least annually to complete an assessment of support needs.
2. In the ISP, the CRM will identify the AL service, the number of hours, and the provider. Specific habilitation goals are identified on [DSHS 10-269, *Alternative Living Services Plan and Provider Report \(ISP Addendum\)*](#), and are referenced in the Finalize Plan section of the ISP, under the tab titled, "Other Plans."
3. The client, AL provider, and the client's legal representative (if applicable) will review the assessed needs in the ISP and develop habilitation goals that focus on increasing the client's independence in these areas.
4. The CRM must review and revise the AL Services Plan
 - a. At least annually as part of the assessment process;
 - b. Whenever the client decides they no longer want assistance with a particular task; and
 - c. Whenever the CRM, client, or AL provider believes a goal has been met and does not require further intervention.
5. The CRM will determine the number of hours of support to be authorized based on the habilitation needs identified in the ISP. The maximum number of hours allowable is forty (40) per month.

Habilitation goals will focus on aspects of a person's life to assist them in learning or maintaining independence. Consideration will be given to hours needed to maintain skills learned as well as new skill acquisition. For example, a client may focus on learning to prepare breakfast meals and then progress to lunch meals before moving on to dinner meals. Because some clients do not generalize learning to other settings, the teaching techniques by providers must be very specific. To be effective, the direction to providers given by CRMs must be equally specific.

6. The number of hours assigned will be modified as the client acquires skills. The CRM will determine if and when the client would benefit from fading the service hours over time. CRM discretion at modifying hours is determined by measureable outcomes described in the AL Plan and evidenced through required quarterly reports and client discussion.
7. The CRM will review all written reports from the provider for compliance with the habilitative goals specified in the client's ISP. The CRM will initial and file all written reports submitted by the AL provider and document in the Service Episode Record (SER).

D. **Provider Duties and Requirements**

AL providers must perform the following duties:

1. Participate in the ISP and AL Services Plan development, review, and revision;
2. Use teaching techniques that include step by step instruction, mentoring, role modeling, developing visual cues, etc., as appropriate to the client's needs and preferred learning style. Positive behavior support principles based on individual dignity and respect must be emphasized in all services per [DDA Policy 5.14](#), *Positive Behavior Support*.
3. Submit the following written reports to the CRM:
 - a. [DSHS 10-269](#), *Alternative Living Services Plan and Provider Report (ISP Addendum)*
 - 1) These reports must describe the type and extent of services provided to each client during that time period;
 - 2) These reports must be signed by the client, the client's legal representative, the provider, and the CRM; and
 - 3) These reports must be submitted at least quarterly. These reports are due by the 10th day of the month following the reporting period.
 - b. [DSHS 10-104B](#), *Service Verification and Attendance Record*
 - 1) These records must reflect actual hours of service and mileage associated with service;

- 2) These records must be signed by the client, the client's legal representative, the provider, and the CRM; and
- 3) These records are to be submitted monthly by the 10th day of the following month.

c. [DSHS 23-034](#), *Alternative Living Financial Report*

- 1) This report is required when the AL provider supports the client with money management and is also the payee;
- 2) This report must be signed by the client, the client's legal representative, the provider, and the CRM; and
- 3) This report must be submitted at least monthly. This report is due by the 10 day of the month following the reporting period.

d. AL Incident Reports

Incident Reports are required if the AL provider becomes aware of any mandatory reporting event and follow [DDA Policy 6.12](#), *Mandatory Incident Reporting Requirements for Residential Services Providers*).

4. Maintain a copies of all documents submitted to DDA for six (6) years.

E. Required Training and Certification

1. AL providers must successfully complete the DDA Specialty Training within ninety (90) days of providing AL services to a client. DDA will reimburse the provider for the class time;
2. AL providers must maintain current CPR/first-aid certification;
3. AL providers must receive blood borne pathogens training with HIV/AIDS information at least annually and within one year of the previous training;
4. AL providers must complete at least ten (10) hours of continuing education each calendar year after the calendar year in which they successfully complete DDA approved specialty training. The continuing education must be on topics relevant to supporting people with developmental disabilities or adult teaching techniques and approved by the DDA Case/Resource Manager or Regional Designee; and
5. AL providers must submit all required training and certification documentation to the Regional Designee.

6. Effective January 1, 2016, all training requirements will be described in [Chapter 388-829A WAC](#).

F. **Oversight and Quality Assurance Monitoring Plan**

DDA will use the following process to monitor AL services and providers:

1. The CRM will:
 - a. Conduct a visit to the client's place of residence at least once every 12 months;
 - b. Review all written reports from the provider for compliance with the instruction and support goals specified in the client's AL Services Plan, providing follow up as needed; and
 - c. The CRM will initial and file all written reports submitted by the AL provider and document in the SER.
2. Performance and Quality Improvement (PQI) staff will conduct quality assurance interviews of AL providers and clients who receive AL services. If the quality assurance interview indicates concerns, staff will develop a corrective action plan. The corrective action plan must:
 - a. Outline methods for the provider to comply with the requirements; and
 - b. Provide a timeframe for completion of the corrective actions.
3. DDA may deny payment or terminate the contract if the corrective actions are not completed within the specified timeline, in addition to other reasons stipulated in the contract.

EXCEPTIONS

The Resource Manager Administrator may grant a written exception to the monthly maximum hours allowable when there is documented need for additional teaching and training. All other exceptions to this policy require the prior written approval of the Assistant Secretary.

SUPERSESSION

DDD Policy 4.09
Issued January 15, 2010

TITLE:

ALTERNATIVE LIVING SERVICES

POLICY 4.09

Approved: /s/ Donald Clintsman
Deputy Assistant Secretary
Developmental Disabilities Administration

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